								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD								)   /					
Effective January 1, 2003							0/554,647						
		CLAIMS A	S FILED - PART I						NTITY	"	OTHE	R THAN	
TOTAL CLAIMS			(Column 1) (Column 2)				TYPE			OR	SMALL	ENTITY	
							RA		FEE	_	RATE	FEE	
FOR			NUMBER FILED NUMI			BER EXTRA	BASI	C FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			6 minus 20= * 1			0	X\$	9=		OR	X\$18=		
INDEPENDENT CLAIMS			( minus 3 =			0	X4	2=		OR	X84=	<u> </u>	
MULTIPLE DEPENDENT CLAIM PI			RESENT							704	<b> </b>	<del> </del>	
* If the difference in column 1 is			ess than zero, enter "0" in column 2				+14			OR	+280=	ļ	
						COIGITITI Z	TOT	AL	<u> </u>	OR	TOTAL	<u> </u>	
10	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						SMA	ALL!	ENTITY	OR	OTHER SMALL		
		CLAIMS REMAINING		HIGHE	EST				ADDI-	<b>7</b>	OMALE	ADDI-	
AMENDMENT A		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	RAT	Έ	TIONAL		RATE	TIONAL	
	Total	* 10	Minus		·O	= 0	X\$ 9	)	FEE	1	V#10	FEE	
	Independent	. 2	Minus	***	<del>?</del>	= D	<b>—</b>		0	OR	X\$18=		
M	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM	<del>'                                    </del>	X42	=	0_	OR	X84=		
							+140	)=	6	OR	+280=		
							TO ADDIT. I	TAL	Ö	OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)										• ′	NODII. PEEL		
AMENDMENT B		CLAIMS REMAINING		HIGHE NUMB	ER	PRESENT			ADDI-	l		ADDI-	
		AFTER AMENDMENT		PREVIO		EXTRA	RAT	E	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus.	**		=	X\$ 9	_		OR	X\$18=	1 4	
	Independent	*	Minus	***		=	X42:				X84=		
	FIRST PRESE	NTATION OF ML	ILTIPLE DEF	'ENDENT	CLAIM		742.	-		OR	A04=		
							+140			OR	+280=		
							TOT ADDIT. F	AL EE L		OR A	TOTAL DDIT. FEE		
	Isosaulianne asono ace	(Column 1)	from the same was a second	(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING		HIGHE NUMBE	ER	PRESENT			ADDI-	Γ		ADDI-	
		AFTER AMENDMENT		PREVIOU PAID FO		EXTRA	RATE	= [7	TONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		= .	X\$ 9=			ا م	X\$18=	<u> </u>	
ME	Independent	*	Minus	***		=				OR			
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	'ENDENT (	CLAIM		X42=			OR	X84=		
+140= OR										OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR OR	TOTAL		
	t the "Highest Nur	nber Previously Pai ber Previously Paid	id For" IN THIS	S SPACE is I	less than	. 3. enter "3."				Αt	DDIT. FEE		

EODH DTO 975 (Day 10/00)

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